

<i>SERFF Tracking Number:</i>	<i>JEPT-125965075</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41223</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.003 Long Term</i>
<i>Product Name:</i>	<i>Family Care Expense Benefit</i>		
<i>Project Name/Number:</i>	<i>2008 LTD/</i>		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Family Care Expense Benefit	SERFF Tr Num: JEPT-125965075	State: ArkansasLH
TOI: H11G Group Health - Disability Income	SERFF Status: Closed	State Tr Num: 41223
Sub-TOI: H11G.003 Long Term	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Matt Rotundo, Debbie Turek, Bonnie White, Ben Davis	Disposition Date: 01/12/2009
	Date Submitted: 12/30/2008	Disposition Status: Approved-Closed
		Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 2008 LTD	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 12/16/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 01/12/2009	
State Status Changed: 01/12/2009	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Group Long-Term Disability Insurance Forms	
Forms: GL3001-LTD-41-FC and GL3002-CERT-39-FC	

Included for filing with your Department are copies of the captioned forms. We are requesting these forms be approved for general use with our previously approved Group Policy Series GL3001 and Certificate Series GL3002 forms. The forms are new and will not replace any forms that were previously approved with your Department. They will be

SERFF Tracking Number: JEPT-125965075 State: Arkansas
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marketed by licensed agents and brokers.

Policy form GL3001-LTD-41-FC and Certificate form GL3002-CERT-39-FC are group long term disability insurance insert pages that describe the Family Care Expense Benefit, which will reimburse a disabled insured's family care expenses, up to a specified maximum.

We request that bracketed or underlined material be filed as variable. Statements of Variability and Readability are included.

Your review and notice of approval will be greatly appreciated.

Thank you,

Benjamin Davis

Company and Contact

Filing Contact Information

Ben Davis, Compliance Specialist Benjamin.Davis@lfg.com
8807 Indian Hills Drive (402) 361-7495 [Phone]
Omaha, NE 68114 (402) 361-2568[FAX]

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
350 Church Street Group Code: 20 Company Type: Group
Hartford, CT 06103 Group Name: State ID Number:
(800) 423-2765 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per submission.

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Per Company:	No		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	12/30/2008	24761068

SERFF Tracking Number: JEPT-125965075 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/12/2009	01/12/2009

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<i>Product Name:</i>	<i>Family Care Expense Benefit</i>		
<i>Project Name/Number:</i>	<i>2008 LTD/</i>		

Disposition

Disposition Date: 01/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JEPT-125965075 State: Arkansas

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Family Care Expense Benefit	Approved-Closed	Yes
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SERFF Tracking Number: JEPT-125965075 State: Arkansas

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TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term

Product Name: Family Care Expense Benefit

Project Name/Number: 2008 LTD/

Form Schedule

Lead Form Number: GL3001-LTD-41-FC

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GL3001-LTD-41-FC	Policy/Cont	Family Care Expense Initial			51	41-FC.pdf
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
Approved-Closed	GL3002-CERT-39-FC	Certificate	Family Care Expense Initial			51	39-FC.pdf
		Amendmen	Benefit				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

FAMILY CARE EXPENSE BENEFIT

BENEFIT. The Company will reimburse an Insured Employee's Family Care Expenses as described below, while he or she is[:

- 1.] receiving a Partial Disability Monthly Benefit under this Policy[; or
2. receiving a Total Disability Benefit under this Policy, and:
 - a. is Terminally Ill;
 - b. has suffered a Cognitive Impairment; or
 - c. has suffered a Loss of Activities of Daily Living].

The Family Care Expense Benefit is paid in addition to all other Policy benefits and will not be offset by Other Income Benefits.

PROOF. The Insured Employee must submit to the Company satisfactory proof that a Family Care Expense has been incurred for a Dependent and paid by the Insured Employee. Proof must be submitted on a monthly basis. Satisfactory proof is a signed receipt from the Dependent care provider showing:

1. Dependent name;
2. Dependent age;
3. if Dependent age exceeds the maximum shown in definition of "Dependent" below, reason for care;
4. dates of care;
5. total charges for care;
6. total payments for care; and
7. provider name, address, telephone number, and Federal Employer Identification Number/Taxpayer Identification Number.

AMOUNT. The Family Care Expense Benefit will equal actual Family Care Expenses paid by the Insured Employee that are not reimbursable from other sources, up to \$250 per month for each eligible Dependent.

DURATION. The Family Care Expense Benefit will cease on the earliest of:

1. the date the Insured Employee's [Total or Partial Disability] Benefits under this Policy cease;
2. the date an Insured Employee's Dependents no longer meet the definition of Dependent in this provision; or
3. the date the Company has made 24 monthly Family Care Expense Benefit payments.

DEFINITIONS.

"Child" includes the Insured Employee's naturally born child, legally adopted child, stepchild, foster child, or child for whom the Insured Employee is the legal guardian.

"Cognitive Impairment" means that the [Insured Employee or]Dependent:

1. has suffered a permanent deterioration or loss of cognitive or intellectual capacity; and
2. requires another person's active, hands-on help or verbal cues to prevent harm to self or others, due to that impairment.

The impairment must be diagnosed by a Physician, based upon clinical evidence and reliable standardized tests of short or long-term memory; orientation as to person, place and time; and deductive or abstract reasoning. It may result from moderate to severe head trauma, stroke, Alzheimer's disease or other form of irreversible dementia.

FAMILY CARE EXPENSE BENEFIT
(Continued)

"Dependent" means the Insured Employee's:

1. legal spouse, who is:
 - a. living with the Insured Employee; and
 - b. Incapable of Independent Living due to a mental or physical condition;
2. Child less than age 16;
3. unmarried Child age 16 years or older, who is:
 - a. living with the Insured Employee; and
 - b. Incapable of Independent Living due to a mental or physical condition; or
4. parent or parent-in-law, who is:
 - a. living with the Insured Employee; and
 - b. Incapable of Independent Living due to a mental or physical condition.

"Family Care Expense" means an expense for the care of a Dependent, charged by a licensed care provider who:

1. is not a member of the Insured Employee's immediate family; and
2. is not living in the Insured Employee's home.

"Incapable of Independent Living" means the Dependent:

1. is Terminally Ill;
2. suffers a Cognitive Impairment; or
3. suffers a Loss of Activities of Daily Living.

"Loss of Activities of Daily Living" means that the Insured Employee or Dependent has lost the ability to safely and completely perform **two or more** of the following six Activities of Daily Living without another person's active, hands-on help with all or most of the activity.

The six Activities of Daily Living are:

1. **Bathing** - washing self in a tub, in a shower or by sponge bath; with or without equipment.
2. **Dressing** - putting on, taking off, fastening or unfastening garments, any medically necessary braces, or any artificial limbs normally worn.
3. **Toileting** - getting to, from, on and off toilet and performing related personal hygiene.
4. **Transferring** - moving in and out of bed, chair or any wheelchair; with or without equipment such as canes, walkers, crutches, grab bars, other support devices, or mechanical or motorized devices.
5. **Continence** - voluntarily maintaining control of bladder and bowel function; or performing related personal hygiene, including care of any catheter or colostomy bag, if not continent.
6. **Eating** - once food is prepared and made available, getting nourishment into one's body by any means. This includes eating from a table, tray or container (such as a bowl or cup); or using special equipment (such as a feeding tube or intravenous tube).

"Terminally Ill" means the [Insured Employee or]Dependent has a medical condition which is expected to result in death within 12 months, despite appropriate medical treatment.

FAMILY CARE EXPENSE BENEFIT

BENEFIT. The Company will reimburse an Insured Employee's Family Care Expenses as described below, while he or she is[:

- 1.] receiving a Partial Disability Monthly Benefit under the Policy[; or
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

	Review Status:	
Satisfied -Name: Certification/Notice	Approved-Closed	01/12/2009
Comments:		
Attachments:		
FL122608 Certificate of Compliance.pdf		
FL112808 Readability Certification.pdf		
Satisfied -Name: Application	Approved-Closed	01/12/2009
Comments:		
GL2-APP.09/02 approved 10/31/02.		
Satisfied -Name: Statement of Variability	Approved-Closed	01/12/2009
Comments:		
Attachment:		
FL112808 Statement of Variability.pdf		

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: The Lincoln National Life Insurance Company

Form Number(s): GL3001-LTD-41-FC and GL3002-CERT-39-FC

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Michael R. Cochrane

Name

Assistant Vice President, Compliance

Title

December 26, 2008

Date

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

FORM NO.

GL3001-LTD-41-FC
GL3002-CERT-39-FC

FLESCH SCORE

51.4
51.4



(An Officer of the Company)
Michael R. Cochrane, HIA
Assistant Vice President - Compliance

STATEMENT OF VARIABILITY

LONG TERM DISABILITY INCOME INSURANCE FORMS **for use with Group Policy Series GL3001 and Group Certificate Series GL3002**

GL3001-LTD-41-FC and GL3002-CERT-39-FC

Statement of Variable Material: Variable material is denoted in the forms by underlining or bracketing. The following variability is requested.

Family Care Expense Benefit. Policy form GL3001-LTD-41-FC and Certificate form GL3002-CERT-39-FC provide a Family Care Benefit that reimburses a disabled insured's family care expenses, up to a specified maximum.

1. Under the Benefit section, the bracketed item 2 may be removed if the benefit is to be available only for partially disabled insureds. Alternatively, the underlined references to terminal illness, cognitive impairment, or loss of activities of daily living may be omitted, included, or revised as requested by the group policyholder. If the group policyholder elects to make the benefit payable only for partially disabled insureds, the bracketed number 1 will be removed.
2. The underlined benefit amount may range from \$100-\$600. The default value will be \$250.
3. Under the Duration section, the bracketed "Total or Partial Disability" is variable so that the benefit may be made available for insureds who are partially disabled only, totally disabled only, or for both partially and totally disabled insureds.
4. The bracketed references to Insured Employee may be removed if not applicable.
5. The underlined number of benefit payments may range from 3 to 36. The default will be 24 months.
6. The underlined child age may be changed at the request of the group policyholder.
7. The underlined number of months under the "Terminally Ill" definition will usually be twelve but may be changed if requested.